ADCC Name: Hawaii Island Adult Day Care - Honomu

Community Ties of America, Inc 500 Ala Moana Blvd. Suite 7-400 Honolulu, HI

Compliance Manager Name: Carol Copeland RN, MSN:

Address: 281630 Old Mamalahoa Hwy

Honomu, HI 96728

## Adult Day Care Center (ADCC) **Deficiency Report**

date of review		Date Corrective Action Plan is Due:	End Date: 5/2/18
Check Item	H.A.R. 17-1424 Chapter #	Chapter Heading	Rule # and Non-Compliance findings
х	3	Application for Certificate of Approval	
х	11	Administration	
х	12	Personnel and Staffing	
х	13	Admissions	
х	14	Participant Fees	
х	15	Transportation	
х	16	Services for Center Participants	
х	17	Physical Location	
х	18	Fire Protection	
х	19	Other Disasters and Evacuations	**************************************

The CTA Compliance Manager has reviewed the above items with me and has provided me with a copy of this form. It is my responsibility to correct all items listed above and provide a

written plan of correction t	on to CTA within the timeframe stated above.	1
If this box is	is checked then I understand that I met all requirements and no corrective action is required	
PRINT NAME:	Elizabeth Lossdan	
SIGNATURE:	Date: May 2, 2018	
	Carol Copland RW MISM 5/2/18	
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